| | 17753 | CERTIFICATE | OF DEATH | 7750 |
|---------------|---|-----------------------------|--|--|
| 1. | PLACE OF DEATH . COUNTY Queen Anne | MARYLAND | 2. USUAL RESIDENCE (Where dacessed lived, if institution a. STATE Maryland b. Queen r | Residence before edmiss |
| R | b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) URAL STEVEN SVILLE | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL e | nd give neerest town) |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp | pitel, give street address) | d. STREET ADDRESS | ON A FAR YES NO |
| | NAME OF DECEASED (Type or print) Benjamin First | Franklin | Austin In. 4. DATE DECEmber | 6 ^{Dey} Yeer 66 |
| M | ale White WIDOWER | DIVORCED | DATE OF BIRTH 1 Ay 13, 1910 9. AGE (In years If UNDER last birthday) 50 yrs. Months | Deys Hours Mir |
| de | waterman | ND OF BUSINESS OR INDUSTR | Maryland | USA |
| 13. | Benjamin F. Austin | | 14. MOTHER'S MAIDEN NAME Martha E. Hess | |
| 15. (Ye | | | NFORMANT Address B.F. Austin In Queenstor | un. Md. |
| | Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest. DUE TO (b) DUE TO (c) | cute Myoca | rdial Infarction | ONSET AND DEATH |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING II 20b. DES | | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID. (Enter nature of injury in Pert I or Pert II of item 18.) | RT 1(e) 19. WAS AUTOI PERFORMED YES NO |
| MEDICAL CERT | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 | Not While fector | CE OF INJURY (Home, farm, 20f. (City or town) (Co | ounty) (State |
| | 21. I certify that (1) (this install) attend | ded the deceased from | | the date stated abo |
| | 22a. SIGNATURE | filly m. | | 12-8-651G |
| | 22c. PHYSICIAN'S NAME (Type) Ralph L. Libi | by, M.D. | GRASONVILLE, MD. 216 | \$8 |
| 23 | B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Dec. 8 | Stevensville | Stevensville, | Maryland |
| 24 | FUNERAL DIRECTOR'S SIGNATURE | address urch Hill. Md. | DATE DEC 1 2 1966 PC | SIGNATURE |

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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| HEALTH | DEPT. |
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MEDICAL EXAMINER:

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within w FUNERAL DIRECTOR: Page moy Heolth 234. BURIAL REMATION 0 24. FUNERAL DIRECTOR
Dashiell Funeral Heme, Easten, Maryland

17755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTERN ANNE MARYLAND KENT NARROWS QUEEN ANNE b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) Life Kent Narrews d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None General Delivery YES NO NAME OF Middle DATE First Last Month Doy Year DECEASED JERRY Dec. 16, 1966 ALLEN FINNEY DEATH 19 (Type or print) S. SEX 6. COLOR OR RACE 1 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lam birthdoy) Months Doys Hours 9- 13- 1963 Male Negro DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **LNDUSTRY** Baltimere. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isreal Lee Finney Margaret Harmon 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service) None Maryland State Pelice INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Instan Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burned Inw 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While -rason VI 12/16/19/66 at work Home at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Accident 📉 death resulted fram: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-18-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cometery

DATE THEREOF

12-20-1966

REMOVAL (Specify)

23d. LOCATION (City or Town)

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2So. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH

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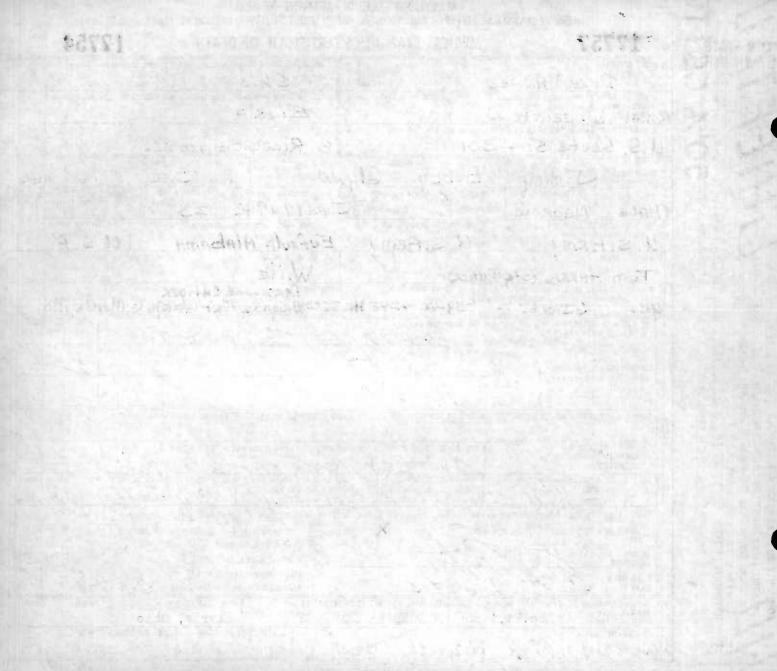
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b COUNTY Page 0 10 WEEN ANNES death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town) and write RURAL and give neorest town) after UEENSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RIVERSIDE 50 + 301 Pages YES NO L with the Sto within 72 h NAME OF Middle 4 DATE First Lost Month Dov Year DECEASED OF Bobby Give 19 (06 DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RAD DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED tem IDo. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? _ Examiner's 13. FATHER'S NAME pencil be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PERSONNEL OFFICER Address (Yes, no, or unknown) (If yes give wor or dotes of service) remaval. FORT GEORGE C. MEADE Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH OL IMMEDIATE CAUSE (o) certificate should certificate, writing the ward crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (a). Auto Acciden DUE TO 0 stoting the underlying couse burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO pe 10 2Do. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 4 or Port II of item 18.) prior 3 shauld AL EXAMINER: agent, 20c. TIME OF INJURY Month, Day eor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page ot work of work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection D Inquiry . and in my opinion Natural causes . Accident X. death resulted fram: Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Dec.21,1966 BROOKDALE CEMETERY Elvrial Ohio 2So. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Queen a. STATE b. COUNTY Anne's County by the f Pages 1 urs after Queen Anne's MARYLAND Maryland b. CITY OR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Page papers. Page pin 72 hours F.D. Millington, Md. Year Centreville.Marvland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? South Liberty Street At the Home of Mary Potts YES NO T completely 1 withi executed within First Middle Last DATE Month Year DECEASED 12 196 Harding Jennie 6 (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and cor DATE OF BIRTH Slast birthday) Months I Days Hours any 1877 Female Colored DIVORCED WIDOWED ng physician shen please re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe INDUSTRY COUNTRY? Queen Anne's Co.Md. Labor arious certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Brown Emmaline Johnson attending rmit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Emma Carter Centreville. Md. been signed by the att the burial-transit perm or to burial, cremation, o No 2-14-2985 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FITAL OR ATTENDING PHYSICIAN: The law requires that to the may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating has b as th prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health DIRECTOR: After this certificate ge 3 should be detached for use led with the State Dept. of Health PERFORMED? CATI NO K YES CERTIFI 2Da. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:30 A.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING DIRECTOR FUNERAL I ADDRESS ton, Maryland PHYSICIAN'S director, p Koralewski eza BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Centreville, Maryland Buria 966 Chesterfield Cem. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS charles Chestertown.Md. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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| 1 1 | Division of STATISTICA | | PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAN | ND 21201 |
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| FOR STATE | 17759 | MEDICAL EXAMINER'S | | 17756 |
| HEALTH DEPT. | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived, if institution: | Residence before admission) |
| to to the tot | O. COUNTY QUEEN ANNES | MARYLAND | a. STATEMARY (A)d b. COUNTY | NUEEN ANNES |
| y delay is , and 3 ta PM3. Page art ment of fter death | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN Ut outside carporate limits, write RURAL | and give neorest town) |
| 2, and PM3 PM3 PM3 partmafter | KURAL CENTREVILLE | 18 yrs. | RURAL CENTREVILLE | 1/1/ |
| Dep Dep | d. NAME OF HOSPITAL OR INSTITUTION (If nat in | haspital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| th. If o | 3. NAME OF A First | Middle | Last 4. DATE Month | Doy Year |
| 24 hours after death. If any delay is in Item 18. Give Pages 1, 2, and 3 tars Office along with farm PM3. Page es I and 2 with the State Department of any event within 72 hours after death | DECEASED (Type or print) MARIAN | 1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | NES OF DECEmber | 2 22 19 6 6 |
| after d 8. Give alang v with the | | MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years 1) | FUNDER 1 YEAR IF UNDER 24 HRS. |
| rs of 18. | Female White W | VIDOWED DIVORCED | CHOBER 8, 1896 PO Yrs. | lonths Doys Hours Min. |
| hours Item 1 Office and 2 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State ar foreign country) | 12. CITIZEN OF WHAT |
| hin 24 ncil in I niner's pages I in any | WITE | Home | WESTEVER, MARYLAND | U.S.H. |
| encil encil mine pag | 13. FATHER'S NAME MARION LANKFOR | 2 | 14. MOTHER'S MAIDEN NAME Ella Ellis | |
| d wit in pe Exar File and | IS WAS DECEASED EVED IN ITS ADMED ECOCES? | 16 SOCIAL SECUPITY NO. 17 1 | NFORMANT AUS LAND Address | |
| cute ng: dical dical | (Yes, no, or unknawn) (If yes give war ar dates af sen | 210-10-2161-BW. | GROSCUP JONES CENTREVILLE | MARYLAND 21617 |
| be executed within "pending" in pending hief Medical Examine ansit permit. File pagor removal, and in a | IB. CAUSE OF DEATH (Enter only one cause pe | er line far (a), (b), and (c).) | | INTERVAL BETWEEN ONSET AND DEATH |
| be 'p | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Hypertens | ive Cardio Vascul | ar UNSET AND DEATH |
| This certificate shauld be executed icate, writing the ward "pending" is be farwarded to the Chief Medical I be used as a burial-transit permit. Ir to burial, crematian, or removal, | Conditions, if any, which gave) (b) | Disease | - Proble Vantrice | 10 30 min |
| e sh the ta t | rise ta immediate cause (a), stating the underlying cause | VIS case | , , , , , , , , , , , , , , , , , , , | |
| ficat ing rded as a al, cr | last. (c) | Fibro Nation | | Maria de la companya |
| his certificate, writing e farwarde be used as ta burial, | PART II. OTHER SIGNIFICANT CONDITIONS CONTR | IBUTING TO DEATH BUT NOT RELATED TO T | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? |
| his ate, e fa be u | E CUA-1952 | | | YES NO NO |
| INER: This certificate shauld be executed within 24 hours after death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 shauld be used as a burial-transit permit. File pages land 2 with the State Dent, priar to burial, cremation, or removal, and in any event within 72 hours. | 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. | 20b. DESCRIBE HOW INJURY OCCURRED. (| (Enter nature of injury in Part I or Part II of item 1B.) | |
| St 4 + 9 e | 20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 | | CE OF INJURY (Hame, farm, ary, street, office bldg., etc.) | (County) (State) |
| L EXA cecute Page far yau NR: Pag | 21. I certify that I taak charge of | | ld an Autopsy 🔲 , Inspection 🖳 Inquiry | ond in my opinian |
| MEDICAL lease exertained fairector. Patained fairectors DIRECTOR | death resulted fram: Natural ca | iuses , Accident , Suici | ide 🔲, Homicide 🔲, Undetermined mann | ner 🗌 |
| MEDICA please e I directar retained L DIRECT its design | ACTUAL) | Lotto | CHIEF MEDICAL EXAMINER | 22. DATE SIGNED |
| TY M y, ple rai d e ret AL D r its | SIGNATURE | leger ! | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | 12-22-66 |
| O DEPUTY MEDICAL INCESSORY, please extra funeral director. S may be retained D FUNERAL DIRECTOR Health ar its design | EXAMINER'S NAME (Type) | Layton mi | Address (Street, city, town, ar caunty) | ntreville med |
| ro DEPUTY necessary, the funeral 5 may be ro FUNERAL Health ar i | 23a. BURIAL, CREMATION, 23b. DATE THEREON | 10:1 0 - 11 A | CREMATORY 23d. LOCATION (City or Town) | (County) (State) |
| | 24. FUNERAL DIRECTOR | ADDRESS ADDRESS | METERY DATE DURY WICE | MICO CO MILO |
| VR A15ME (5) | James H. Barton Jr. Berton B | for Centreville M | 256 REC'D BY REGISTRAR 256 REGISTRAR DEC 28 1966 | The grand |

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| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | |
|---|---|----------|
| FOR STATE | 17761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17758 | |
| HEALTH DEPT. | 1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY | usion) |
| | a. COUNTY QUEEN ANNES MARYLAND a. STATE MARYLAND b. COUNTY QUEEN ANNES | |
| cessary, o the funeral e 5 may be Department after death. | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest twill be represented by the results of the results | |
| cessa e fune may partmeer dea | RURAL CENTREVILLE 66 YEARS RURAL CENTREVILLE /1/ | |
| to the Se 5 1 after a stering | d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS o. IS RESIDI | M? |
| Page State hours | GUNSTON School GUNSTON School YES IV NO 3. NAME DF FIRST Middle Last 4. DATE Month Day Year | <u></u> |
| M3 M3 72 | (Type or print) MARY ROBERTSON MIDDLETON DEATH DECEMBER 15, 196 | 6 |
| ith. If all form P form P within | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH 9. AGE (IN YEAR) IF UNDER 1 YEAR FUNDER 24 | |
| ath. | FEMALE WHITE WIDOWED DIVORCED DECEMBER 3, 1879 87 yrs. | WIII. |
| with with | 1Da. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY? | |
| urs after deat m 18. Give Pag e along with pages 7 and 2 in any event | HEADMISTRESS PRIVATE School BALTIMORE MARY U.S.H. | |
| ours m 14 e al | Alexander HANSON Robertson Estelle Fisher | |
| 24 ho n Item Office File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sec. Address (Yes, no, or unknown) (If yes give war or dates of service) | - |
| I within 2 pencil in miner's C permit. removal, | No 1 214-32-6448 S. Htherton Middleton Centremile, MARYLAN | <u>d</u> |
| d wind min per amin per t per ren | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A TTO S C /C TOTIC HearT ONSET AND DEATH ONSET AND DEATH | EEN |
| cute F. Ex ansil | 1/24 A IMMEDIATE CAUSE (8) | |
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| uld be executed I "pending" in off Medical Exam a burial-transit i | gave rise to immediate cause (a), stating the DUE TO | |
| e word he Chief he chief ed as a burial, | underlying couse lest.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO | PSY |
| the the used to bu | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORME YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. | D? |
| artification of the period of | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | 4 |
| is ce arder buld t, pri | | |
| EXAMINER. This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form lets. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within signated. | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 At work at work. | te) |
| tiffic be age ted | | inion |
| the certificate certificate of should be ur files. | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my op death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner | IIIOII |
| the | CHIEF MEDICAL EXAMINER | |
| TY MEDIS. execute tr. Page 4 d for your RAL DIREC | ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE 22. DATE SIGNATURE 22. DATE SIGNATURE | NED 6 |
| F @ 2 - 2 = 1 | EXAMINER'S NAME (Type) CTE Larton Address (Street, city, town, or county) Centre wille | MY |
| O DEPUT please e director. retained O FUNER of Health | 23a. BURIAL CREMATION, 23b. DATE THEREOF /23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State | 8) |
| To de la | BURIAL DEC. 17, 1966 CHESTER-IELD CEMETERY CENTREVILE MARLAND LAS. FINERAL DIRECTOR ANDRESS 1 250. REC'D BY REGISTRAR SIGNATURE | |
| VR ALSME (S) | De let De la De la A : On Mill DEC 20 1000 10 legal a Judge | 4 |
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| $\cdot \cdot \cdot \cdot (M)$ | division of statistical research and records, 301 W. Preston street, Baltimore 1, Maryl 17762 CERTIFICATE OF DEATH | 59 |
| after death. the funeral ges 1 and 2 after death. | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE MARYLAND b. COUNTY OUR ON DECENTAGE OF THE PROPERTY | hefore admission) |
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| 3 E 0 | | . IS RESIDENCE ON A FARM? |
| fille 24 | YI | ES NO |
| > 0.8± | 3. NAME OF DECEASED (Type or print) FRANKLIN AUGUSTUS ROBERTS 4. DATE Month December 31 | Year 19 66 |
| executed wi and comple remove cart | 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR) | Hours Min. |
| executer and col remove | MALE WHITE WIDOWED DIVORCED NOVIS-1908 58 yrs. | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11b. KIND OF BUSINESS OR during most of working life, even if retired) 11c. CITIZEN COUNTRY | P WHAT |
| 11 11 11 | ENGINEERING G.A. CO. MARTERIA | 034 |
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| ding The remov | HENRY F. ROBERTS ETHEL LEE WALBERT | |
| th call the | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) | -OD Mr |
| deat le at permion, | 218-14-6612 MRS. P. H. ROBERTS - GHEST | RVAL BETWEEN |
| the by the ssit | 16. GAGSE OF BEATH (Effect only one cause per line for (a), (b), and (c), 1 | ET AND DEATH |
| cian cian ed t trar | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THE MEDIATE CAUSE (a) | pulls |
| JING PHYSICIAN: The law requires that the death certificate to by the hospital or attending physician. After this certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then ple state Dept. of Health prior to burial, cremation, or removal. | Conditions, If any, which by Carrenan of Bladder with 8 | months |
| een he b | gave rise to immediate cause (a), stating the OUE TO | tons |
| w re endi | underlying cause last. (c) | WAS AUTOPSY |
| r att | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) YES 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER) | PERFORMED? |
| I: The allo | 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) | , 110 L |
| PHYSICIAN: the hospital this certifi detached fo e Dept. of H | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| HYSI his stack Dept | | (State) |
| e e de | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 Not While Not While at work 19 Not While Not While Not While at work 19 Not While Not Wh | |
| OR ATTENDING be retained by INECTOR: After ge 3 should be ed with the State | 21. I certify that (I) (this hospital) attended the deceased from Tax 196, to Acc 3, 1966, the | at (I) (we) last |
| TTEN tain TOR: | saw the deceased alive on Sec 3/ 19 66, and that death occurred at 3 4M, from the causes and on the date | |
| REC. 3 | 1 22dd Siginhight // // | GNEO |
| NL 0 ay b page filec | M.O. ATTENOING MED. STAFF OIRECTOR PHYS. D 22c. PHYSICIAN'S 22c. PHYSICIAN'S 22d. ADDRESS | 2/ |
| D HOSPITAL Page 4 may FUNERAL I director, pag | MAME (Type) JOHN K. SMITH JR. CENTREVILLE MI | D. |
| TO HOSPITAL OR ATTENDIPAGE 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, town or county) REMOVAL (Specify) JAN, 2 OLD W16 | M(State) |
| 00 | BUCIAL JAN. 2 OLD WE WE MILLS 24 FUNERAL DIRECTOR ADDRESS / 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN | ATURE |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17763 4 should be Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH o. COUNTY Oueen Anne's a. STATE Md. b. COUNTY Queen Anne's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Crumpton Crumpton. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NAME OF Middle 4. DATE First Month Day Year DECEASED 19 66 MARY CATHERINE WILLSON December 30. DEATH (Type or print) S. SEX IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years Months Hours White DIVORCED August, 28, 1920 Female WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Cohev Margaret Cohee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address give war or dates of service! No. 214-30-8319 James D. Willson, Crumpton, Md. 21828 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Canditians, if any, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? storcetony 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while a. m of work at work p. m 21. I certify that I taok charge of the remains described above, held an Autapsy \(\pi\), Inspection 1 Inquiry X, and find that death resulted fram: Natural causes ... Accident , Suicide , Hamicide , Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) C. Rodney Layton. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Jan. 1, 1967 Crumpton Cemetery Crumpton, Q.A.Co; Md. 23. PUNERAL DIRECTOR'S STENATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(S 1967 Millington, Md. 21651 DATE SM 9/55

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) a. COUNTY r. Page files. Health, b. COUNTY MARYLAND b. CITY OR TOWN (il outsida corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? retained he State B 3 to the funer YES NO 3. NAME OF First Middle DATE Month Day 4. DECEASED OF the (Type or print) DEATH 19 66 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with age 5 may 1 and 2 wii 72 hours last birthday) Months and Doys Hours WIDOWED] DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 dona during most of working life, even if ratired pages I within ar FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Maria 0 U with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (If yas give wer or detas of service) in Hem 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). " in pencil in It Office along .5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO should Conditions, il any, which "pending" gave risa to immediate cause 60 the word "penum the word "penum and Examiner's DUE TO (a), steting the underlying 88 pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cremat NO I plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing to Chief / age 3 to buri 3 WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While While Hour a.m. at work the S at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry agent, Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) 966 St. Danuel Cemetery 6 Q40 P Barclay Maryland 0 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Chestertown . Md . 5M 7/59 DATE

YLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17765 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH deg o. COUNTY QUEEN ANNE O. STATMARYLAND signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Controville, Maryland Centreville, Maryland Life d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 106 Helten Street None YES | NO L 4. DATE 3. NAME OF First Middle Last Year DECEASED LENA WOODLAND Dec. 26, 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED 73ast birthday) Months Days Haurs June 29,1893 Female Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT NUMBUSTRY Centreville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Downes Mary E. Taylor 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes no, or unknown) (If yes give war or dates af service) 220-26-1156 George Woodland (Husband) same as above INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cornary occulion Massive IMMEDIATE CAUSE (a) signed by DUE TO Artro selevitie Heary Discar Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending **ro FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram 19 a.y. 5 , 1963, to De = 26, 1966, that (1) (we) last saw the deceased alive an Dec 26 19 66, and that death accurred at 1392M, fram causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 12-28-66 M.D. 22d. ADDRESS NAME (Type) Redney C. Layton 104 S. Liberty St, Centreville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, Centreville, Md. Queen Anne REMOVAL (Specify) 12-31-1966 Chesterfield Cemetery ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Dashiell Funeral Home. Dover St. Easten, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17766 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY o. COUNTY Page 10 deoth. UEEN HNNES LIEEN MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town and del write RURAL and give nearest town) UEENS TOWN ruran d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? De hours (Route 50+301 Poges ote NO T NAME OF Middle 4. DATE Month Dov 72 DECEASED the within DEATH S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR birthdoy) Months Hours WIDOWED DIVORCED tem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) within 13. FATHER'S NAME pencil puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT QUECO e executed , no, or unknown) (If yes give wor or dotes of service) permit. removal FORT GEORGE G. MEALE Md UES DR64 B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH 0 IMMEDIATE CAUSE (o) Word This certificate should mation, DUF TO Conditions, if ony, which gove 1 KSTO (b) 10 rise to immediate couse (a). DUE TO stoting the underlying couse 0 be forwarded burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificote, 10 NO V pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should ogent, prior PRIMARY CONTRIBUTING CAUSE OF DEATH. should AL EXAMINER: alcerdoni 20c. TIME OF INJURY Month, Doy, Year (County) & /C (Stote) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) Hour o.m. 5 factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry > and in my apinian the funerol director. Accident X death resulted fram: Natural causes Suicide | Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Leutze moy Heolth NAME (Type) 230. BURIAL, CREMATION, 0 THERAL DIRECTOR ADDRESS/ 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

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